



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

TELEPHONE: (302) 744-4500

FAX: (302) 739-2711

WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)

EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

## WRITTEN LICENSE VERIFICATION REQUEST FORM

**Instructions – STOP DO NOT use this form to request a license verification of your own license! If you need to request a license verification of your own license, login to DELPROS and submit a License Verification service request.**

Complete this form only when you are requesting a license verification for **someone other than yourself**. Email this form to **DOSDPR\_STEMS@delaware.gov**. You will receive an email to pay the fee in your Cart. When payment is received the verification will be processed and sent by email.

### 1. REQUESTER INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**Enter email address to request a confirmation email.**

### 2. LICENSEE INFORMATION

#### **If licensee is a person:**

First Name: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Delaware License Number: \_\_\_\_\_

#### **If licensee is a business or organization:**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Delaware License Number: \_\_\_\_\_

### 3. WRITTEN VERIFICATION RECIPIENT INFORMATION

Recipient Name: \_\_\_\_\_

Recipient Organization: \_\_\_\_\_

Recipient Email address: \_\_\_\_\_

### 4. TYPE OF VERIFICATION (Choose Standard or Special)

#### ☐ **Standard Verification** (Includes license status, expiration date and disciplinary indicator) - **\$35.00**

- If you wish to verify a Delaware Physician M.D., Physician D.O., ACGME Training, Physician-Limited license, or Physician Assistant do **not** submit this form unless the verification is for the Veterans Administration. You must submit your request to [VeriDoc](#).
- If you wish to verify a Delaware RN or LPN license, do **not** submit this form unless the verification is for a visa screen or for the Veterans Administration. Either print out an [DELPROS online verification](#) or go to [www.nursys.com](http://www.nursys.com).

#### ☐ **Special Verification - \$45.00** (Includes the Standard Verification plus additional information)

##### ☐ **Accountancy CPA Exam Scores**

CPA Exam Score verification is available only to persons who hold Delaware Accountancy Permits or Certificates. All others must order a [Candidate Score Transfer](#) from the National Association of State Boards of Accountancy (NASBA).

##### ☐ **Accountancy School Verification**

##### ☐ **Architect Exam Scores**

##### ☐ **Cosmetology/Barbering Practical/Theory Exam Scores**

##### ☐ **Cosmetology/Barbering Apprentice Hours**

##### ☐ **Cosmetology/Barbering School Verification**

##### ☐ **Dental Exam Scores**

##### ☐ **Geology Exam Scores**

##### ☐ **Real Estate Licensure History**

##### ☐ **Professional Land Surveyors Scores**

##### ☐ **Verification of Supervised Hours**

(specify license type \_\_\_\_\_)

**E-MAIL THIS REQUEST TO [DOSDPR\\_STEMS@DELAWARE.GOV](mailto:DOSDPR_STEMS@DELAWARE.GOV)**